

# Application for Presumptive Eligibility for Pregnant Women

Use this form to find out quickly if you qualify for Presumptive Eligibility (PE) for Pregnant Women Wyoming Medicaid. PE offers you immediate access to ambulatory prenatal care while you apply for regular Medicaid.

To qualify for regular Medicaid, you must complete the Wyoming Medicaid Streamlined Application. While you wait to learn if you qualify for regular Medicaid, you can get your ambulatory prenatal care through PE if eligible. You can apply for **regular Medicaid** by:

- Completing a paper application, available online at: <https://health.wyo.gov/healthcarefin/apply/>
  - Return the application to us by:
    - Mail (3001 E. Pershing Blvd., Suite 125, Cheyenne, Wyoming 82001),
    - Fax (1-855-329-5205) , or
    - Email ([wesapplications@wyo.gov](mailto:wesapplications@wyo.gov)).
- Applying online at: <https://www.wesystem.wyo.gov>
- Applying over the phone by calling 1-855-294-2127

## Qualifying for PE for Pregnant Women

You can qualify for PE for Medicaid if you meet all the following criteria:

- Your gross income is below the monthly limit
- You are a U.S. Citizen, U.S. National, Qualified Non-Citizen or be lawfully present in the U.S
- You are a Wyoming Resident
- You do not already have Medicaid
- You have not had a PE period during this pregnancy.
- You are pregnant

When PE application is complete either email to [eceligibilityunit@wyo.gov](mailto:eceligibilityunit@wyo.gov) or fax to **307-777-7085**.

## Tell us about yourself

Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month/Day/Year

Home Address:

\_\_\_\_\_  
Street City State Zip

Mailing Address:

\_\_\_\_\_  
If different than Home Address

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Message Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Are you lawfully present in the United States? \_\_\_\_ Yes \_\_\_\_ No

Are you a WY Resident? \_\_\_\_ Yes \_\_\_\_ No (If you are not a Wyoming Resident your PE application will be denied.)

Are you currently enrolled in a Wyoming Medicaid program? \_\_\_\_ Yes \_\_\_\_ No

Are you pregnant? \_\_\_\_ Yes \_\_\_\_ No

When is the baby due? \_\_\_\_\_ How many babies are due? \_\_\_\_\_

How many individuals are in your household? (Count spouse, any children under the age of 18, unborn child, and parents if the applicant is under the age of 18.) \_\_\_\_\_

What is your monthly gross income? \$ \_\_\_\_\_

Are you married? \_\_\_\_ Yes \_\_\_\_ No If yes, what is your husband's monthly gross income? \$ \_\_\_\_\_

If you are under 18, what is your parent's monthly gross income? \$ \_\_\_\_\_

**NOTE:** You do not need to include Child Support, Veteran's payments, Worker's Compensation, or Supplemental Security Income (SSI). (A 5% disregard of the FPL should be given if it will make a difference in eligibility.)

Were you given the opportunity to fill out the full Medicaid application with the Qualified Provider?

\_\_\_\_ Yes \_\_\_\_ No

By signing you are swearing that everything you wrote on this form is true as far as you know. We will keep your information secure and private.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If this was a telephonic application- By signing, you as the Qualified Provider are attesting that you have read the Rights and Responsibilities to the applicant, and that the information on this application was provided by the applicant, and that the applicant has verified that the information is true or correct. We will keep this information secure and private.

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Contact Number

\_\_\_\_\_  
Facility Name and Address

**If you qualify for PE for Medicaid, what happens next?**

- You will get a notice from the provider saying you were approved.
- Your Pregnant Woman PE coverage will begin the day you are approved.
  - To start using your PE coverage you will need to show your approval notice to providers until you receive your card in the mail. The card should arrive in 2 weeks if you have previously not received a Medicaid card.
  - You are covered for outpatient ambulatory prenatal care only. PE will not cover the services if you are admitted to a hospital.
- If you do not complete the Wyoming Medicaid Streamlined Application to see if you qualify for regular Medicaid, your PE coverage will end on the last day of the month after the month you are approved for PE.
  - For example, if you qualified for PE in January and have not submitted a regular Medicaid application, your PE coverage will end on the last day of February.
- If you complete the Wyoming Medicaid Streamlined Application for regular Medicaid your PE coverage will end on the date a determination for regular Medicaid is made.
  - For example, if you qualified for PE in January and submitted a regular Medicaid application, that is processed on February 2nd. Your PE eligibility will end February 2<sup>nd</sup>

**If you do not qualify for PE for Medicaid, what happens next?**

- You will get a notice from the provider saying you were not approved. You cannot appeal the provider's decision. BUT, you can still apply for regular Medicaid using the Wyoming Medicaid Streamlined Application.

Questions: Ask your provider, call us at 1-307-777-3423, or visit us online at:

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>